



RI Department of Health
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www.health.ri.gov

Interim Health Advisory

Date: September 9, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on H1N1 in RI

Local Influenza Activity Level: None¹

Rhode Island: 75 hospitalized to date, 3 deaths

National Report: 53 states (including DC, American Samoa, Guam, Puerto Rico & Virgin Islands) with 9,079 hospitalized cases, 593 deaths

Antiviral medications

The Centers for Disease Control and Prevention (CDC) has released updated recommendations regarding the use of antiviral medications. To read the complete guidance, please see <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Antiviral treatment is most effective when initiated within 48 hours of illness onset. To reduce delays in the initiation of treatment, healthcare providers should:

- Inform patients at high risk for influenza complications of the signs and symptoms of influenza and the importance of seeking early treatment if they experience these symptoms.
- Ensure rapid access to phone consultation and clinical evaluation for high-risk patients and patients reporting severe illness.
- Consider treating high-risk patients based on telephone contact, if hospitalization is not indicated and if doing so would substantially reduce the delay in treatment initiation

Roche released a letter on September 4, 2009 stating that supplies of **Tamiflu for Oral Suspension as well as Tamiflu 30mg and 45mg capsules are currently limited**. Additional 30mg and 45mg capsules will be available in late September, while additional supplies for oral suspension will be made available in November or December. For patients who cannot swallow capsules, the 75mg capsules can be opened and the contents mixed with food for immediate administration. Roche has prioritized the 75mg capsules for production. If suspension is deemed the most appropriate dosage form, pharmacists may compound a suspension from 75mg capsules using either cherry syrup (Humco) or Ora-Sweet SF (sugar-free). Instructions for pharmacists can be found on the Roche Tamiflu website, <http://www.tamiflu.com/hcp/dosing/extprep.aspx>.

Provider enrollment for H1N1 pandemic influenza vaccine

HEALTH has created an online enrollment, reporting and ordering system for providers who want to administer H1N1 vaccine. Enrollment will begin immediately and continue through Friday, September 25, 2009. Providers who treat patients with chronic, underlying medical conditions are strongly encouraged to enroll so that patients who are at the highest risk for complications from H1N1 can be vaccinated in their provider's office. There is no cost to enroll and no obligation to order vaccine. To enroll in the H1N1 Vaccination Program, go to <http://pandemic.health.ri.gov/h1n1> (note that this is not a "www" address). Providers who have questions about the enrollment process can contact Mark Francesconi at 222-5988 or Mark.Francesconi@health.ri.gov.

¹ The criteria for an Influenza Activity Level of "None" are low influenza-like illness activity and no laboratory-confirmed cases of influenza.

MMWR: Pediatric deaths associated with H1N1 influenza infection

A MMWR report released September 4, 2009 reviews 36 pediatric deaths that occurred early in the 2009 H1N1 influenza pandemic. 78% of these deaths were in children younger than 5 years old or in children with high-risk, chronic medical conditions. The percentage of children with high-risk medical conditions (67%) is higher in this series than the percentage reported in recent influenza seasons. Notably, 92% of the children with high-risk medical conditions had **neurodevelopmental conditions** such as cerebral palsy or muscular dystrophy. Healthcare providers should be aware of the potential for serious influenza illness, including death, in these children. To read the full MMWR report, please see <http://www.cdc.gov/mmwr/PDF/wk/mm5834.pdf>.

H1N1 guidance for healthcare providers

HEALTH reviews and updates H1N1 guidance posted on its website on a regular basis. This includes providing links to new and updated CDC recommendations. Recently updated guidance for healthcare providers includes:

- Infection control recommendations, including guidance on mask and respirator use. The Infectious Diseases Society of America collected and centralized guidance from the CDC, WHO, the Institute of Medicine, and the Society for Healthcare Epidemiology of America on its website. To read the latest recommendations, please see <http://www.idsociety.org/Content.aspx?id=14220>
- Guidance for the detection of novel influenza A virus using rapid influenza diagnostic tests: http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm

Medicare coverage and reimbursement policies for the H1N1 vaccine

All providers administering the H1N1 vaccine should review the Medicare coverage and reimbursement rules for the vaccine and make sure that their billing staffs are aware of this information. To review the reimbursement rules, please see:

<http://www.health.ri.gov/pandemicflu/swineflu/Advisory/BillingForTheAdministrationOfTheInfluenzaAVirusVaccine.pdf>. Medicare has also released policies and procedures for fee-for-service related to the H1N1 influenza pandemic. To read these policies, please see:

<http://www.health.ri.gov/pandemicflu/swineflu/Advisory/MedicareFeeForService.pdf>.

Decision tool for fielding flu-related calls in providers' offices

HEALTH has developed a tool for use by providers' offices to help them triage patients reporting flu-like symptoms over the phone. The tool consists of a step-by-step process for assessing the risk posed to sick individuals and deciding if they should be seen by the provider or considered for treatment with antiviral medications. A patient's age, the severity of his or her symptoms, and the presence of high-risk medical conditions are important factors to consider during the triage process. The complete decision tool appears at the end of this week's briefing.

Resources

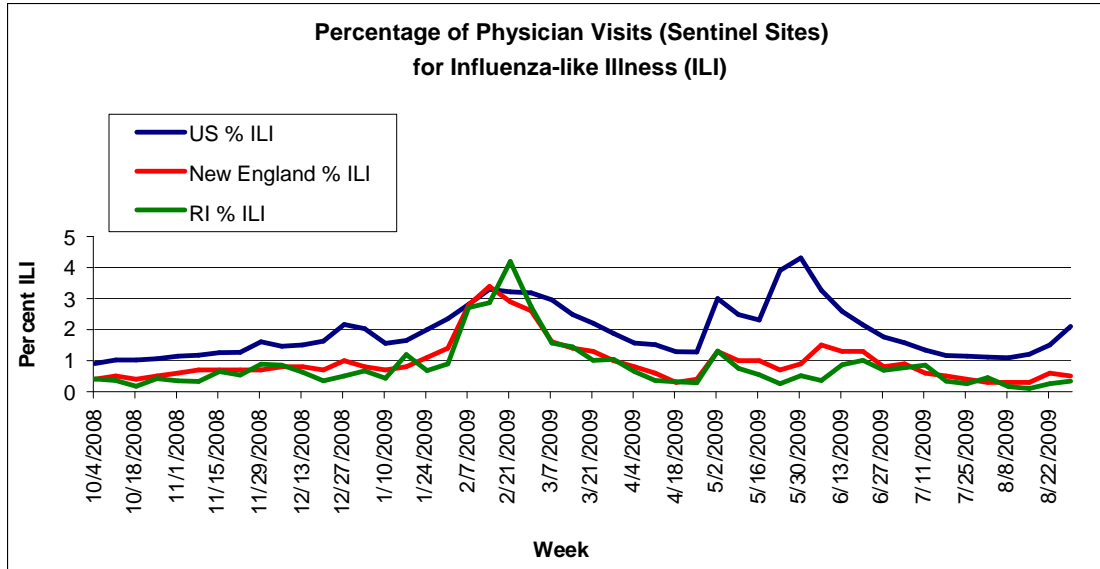
- HEALTH at <http://www.health.ri.gov>
- H1N1 Information Line (M-F 8:30am- 4:30pm) 401-222-8022
- H1N1 email address h1n1@health.ri.gov
- CDC at <http://www.cdc.gov/h1n1flu/>
- WHO at <http://www.who.int/csr/disease/swineflu/en/index.html>



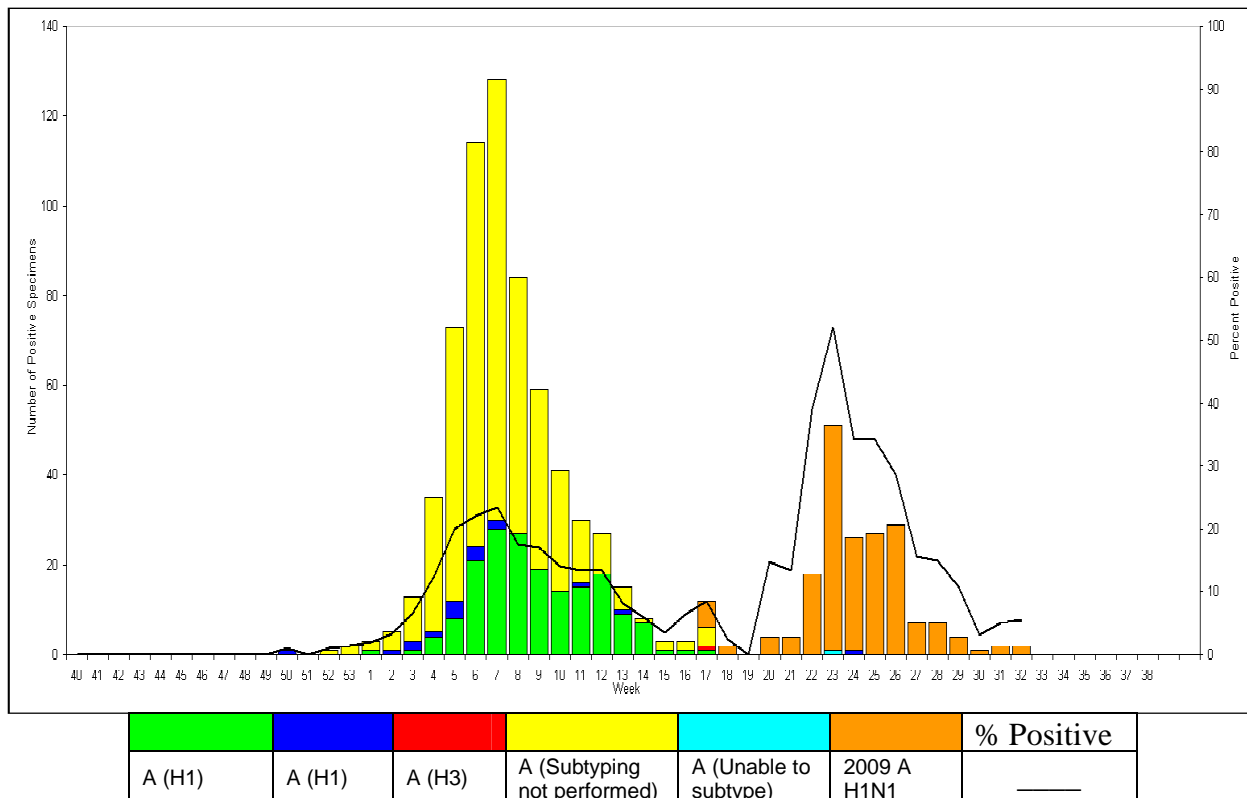
Influenza Surveillance: Weekly Report August 28 – September 3, 2009

1. **Statewide Estimate of Influenza Activity:** NO ACTIVITY. See [criteria](#) for assessing activity level.

2. **Physician Office Visits for Influenza Like Illness:**



3. **RI Influenza Laboratory Results by Week (starting 9/28/08)**



4. **Emergency Room Surveillance:** No significant respiratory, constitutional or influenza syndrome alerts, or trends toward alert threshold noted through the statewide emergency room syndromic surveillance network.

**Decision-Making Tool for Non-Clinicians:
Fielding Flu-Related Calls and Directing Patients to Care**
Guidance for the 2009-2010 Influenza Season
The Rhode Island Department of Health (HEALTH)
September 9, 2009

Steps to take when fielding flu-related calls from patients:

1. Assess the risk posed to the sick person.

- a. Ask for the sick person's:
 - i. Age
 - ii. Symptomsⁱ
 - iii. Existence of health conditionsⁱⁱ that increase the risk of complicationsⁱⁱⁱ from influenza
- b. Use this information to categorize the sick person by:
 - i. Age (< 6 months, 6 months – 5 years, ≥ 5 years)
 - ii. Severity of symptoms (mild, moderate, or severe)

2. Decide if the sick person needs to be seen by the provider. Most people with influenza will have mild illness and can be cared for at home, but the following people with signs and symptoms of influenza should be seen by the provider:

- a. Infants < 6 months of age
- b. Anyone with moderate to severe illness
- c. Anyone with high-risk conditionsⁱⁱ
- d. Anyone whose caregivers cannot be given guidance over the phone

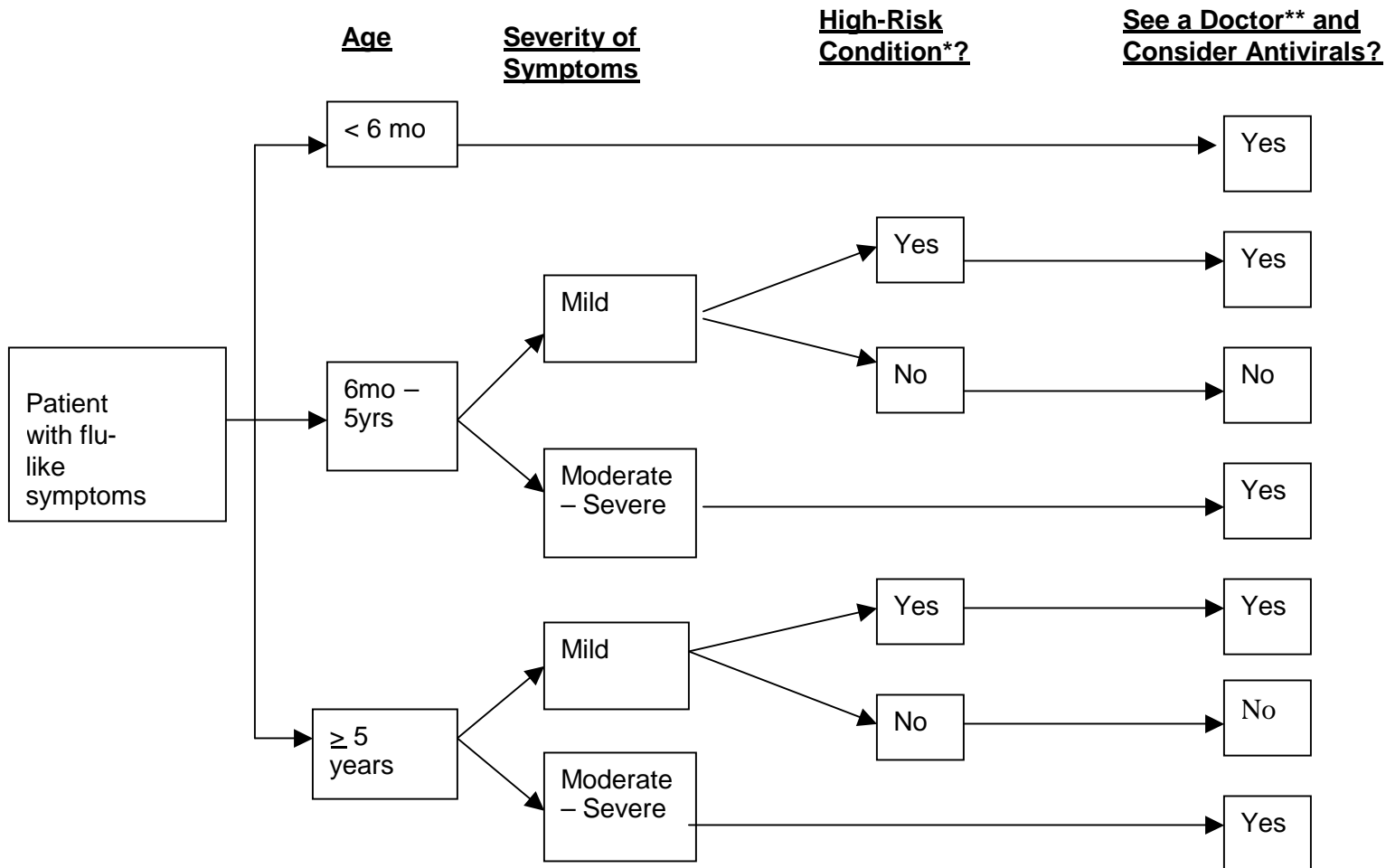
Instruct other callers to call back or seek emergency medical care if the sick person's symptoms worsen or if they have additional concerns.

3. Decide if the sick person or any of their household contacts should receive antiviral medications.^{iv} The following people with signs and symptoms of influenza should start antiviral therapy to treat influenza or to prevent influenza transmission^v:

- a. People at high riskⁱⁱ of complications from influenza
- b. People with moderate to severe illness
- c. People in households where high-risk individualsⁱⁱ are living

4. Reinforce prevention messages^{vi} with all callers and encourage people to be vaccinated against seasonal influenza.^{vii} Remind callers that people with influenza-like illness (fever plus cough or fever plus sore throat) should stay home until they have been fever-free for 24 hours without the use of fever-reducing medications.

Should a Person with Flu-Like Symptoms be Seen by a Doctor?



* People at high risk of complications from the flu include pregnant women, young children, people age 65 and older, and people of any age with chronic medical conditions

** Or Nurse Practitioner (NP)/Physician's Assistant (PA)

ⁱ Symptoms of influenza may include: fever > 100°F, cough, sore throat, headache, joint or muscle aches, runny or stuffy nose, tiredness, and diarrhea or vomiting (more common among children than adults).

ⁱⁱ Groups at high risk for influenza complications include:

- Pregnant women
- Children < 5 years old
- Children and adolescents < 19 years old who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after influenza virus infection
- Adults ≥ 65 years old
- Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV)
- Residents of nursing homes or other chronic care facilities

ⁱⁱⁱ Complications of influenza include exacerbation of underlying chronic medical conditions, upper respiratory tract disease (sinusitis, otitis media, croup), lower respiratory tract disease (pneumonia, bronchiolitis, status asthmaticus), cardiac (myocarditis, pericarditis), musculoskeletal (myositis, rhabdomyolysis), neurologic (acute and post-infectious encephalopathy, encephalitis, febrile seizures, status epilepticus), toxic shock syndrome, and secondary bacterial pneumonia (with or without sepsis).

^{iv} Clinical judgment is an important factor in treatment decisions. People with influenza who present with an uncomplicated febrile illness typically do not require treatment unless they are at higher risk for influenza complications. Healthy individuals of all ages with mild illness should not be prescribed Tamiflu, as H1N1 is almost always a mild self-limited illness among these individuals. When evaluating children, healthcare providers should be aware that the risk for severe complications from seasonal influenza among children younger than 5 years old is highest among children younger than 2 years old. Testing, treatment and chemoprophylaxis efforts should be directed primarily at persons who are hospitalized or at higher risk for influenza complications. As always, when considering the use of antiviral medications, clinicians must consider the patient's age, weight, renal function, presence of other medical conditions, indications for use, and the potential for interactions with other medications. For more information about side effects and adverse reactions associated with antiviral medications, see <http://www.cdc.gov/flu/professionals/antivirals/side-effects.htm>.

^v The indication for post-exposure chemoprophylaxis is based upon close contact with a person who is a confirmed, probable or suspected case of novel influenza A (H1N1) virus infection during the infectious period of the case. The infectious period for persons infected with the novel influenza A (H1N1) virus is assumed to be similar to that observed in studies of seasonal influenza. With seasonal influenza, studies have shown that people may be able to transmit infection beginning one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be infectious for longer periods. However, for this guidance, the *infectious period* is defined as one day before until 7 days after the case's onset of illness. If the contact occurred with a case whose illness started more than 7 days before contact with the person under consideration for antivirals, then chemoprophylaxis is not necessary. For *pre-exposure* chemoprophylaxis, antiviral medications should be given during the potential exposure period and continued for 10 days after the last known exposure to a person with novel (H1N1) influenza virus infection during the cases infectious period. Oseltamivir can also be used for chemoprophylaxis under the EUA for children less than 1 year of age.

^{vi} People can prevent the spread of influenza by getting vaccinated, washing their hands often with warm water and soap or using alcohol-based hand gels, and coughing and sneezing into their inner elbows or into tissues. People with influenza-like illness (ILI) should stay home until they have been fever-free for 24 hours without the use of fever-reducing medications.

^{vii} The seasonal flu vaccine is recommended for anyone who wants to reduce his or her chances of getting influenza, but it is especially important for people at high risk for complications from influenza and people who live with or care for high-risk individuals.